



CERTIFICATE OF MAILING

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Name (Print/Type)	Donna Macedo	Signature	<i>Donna Macedo</i>	Date	08-09-2001
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**Combined
Transmittal and Fee Calculation Sheet**

Small Entity Large Entity

		Application Number	09/472,654	
		Confirmation Number	n/a	
		Filing Date	December 27, 1999	
		First Named Inventor	Fogarty	
		Examiner	M. Pham	
		Group Art	1641	
		Attorney Docket No.	TOSK004	

ENCLOSED:	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input checked="" type="checkbox"/> Amendment Under Rule 37 CFR § 1.111	Total	20	20	0	\$ -	
<input checked="" type="checkbox"/> Pages	Independent	4	4	0	\$ -	
	Multiple					
	Total Extra Claim Fees				\$ -	

RECEIVED

Applicants Petition for an Extension of time from _____ to _____ Fee _____

AUG 17 2001

Response to File Missing Parts (with copy of formalities letter)

<input type="checkbox"/> Filing Fee	Fee
<input type="checkbox"/> Executed Declaration	Pages _____ Surcharge Fee _____
<input checked="" type="checkbox"/> Other	Excerpt from Fundamental Toxicology for Chemists Fee _____ Fee _____ Fee _____ Fee _____ Subtotal \$ -

Information Disclosure Statement

<input type="checkbox"/> PTO Form 1449	Pages _____
<input type="checkbox"/> Copies of Cited References	
<input type="checkbox"/> Other	Fee _____
	Subtotal \$ -

Response to Notice to Comply (with copy of Notice to Comply)

<input type="checkbox"/> Sequence Listing Certification	
<input type="checkbox"/> Paper Copy of Sequence Listing	Pages _____
<input type="checkbox"/> Diskette in computer-readable format	
<input type="checkbox"/> Other	Fee _____

<input type="checkbox"/> Terminal Disclaimer		Fee
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group		
<input type="checkbox"/> Notice of Appeal	Pages _____	Fee _____
<input type="checkbox"/> Appeal Brief in Triplicate	Pages _____	Fee _____
<input type="checkbox"/> Reply Brief	Pages _____	Fee \$ -
		Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees _____		Fee _____
<input type="checkbox"/> Change of Correspondence Address		
<input checked="" type="checkbox"/> Return Receipt Postcard	TOTAL FEES \$ -	
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>		
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED		
Name (Print/Type)	Bret E. Field	Registration No. 37,620
Signature	_____ Bozicevic, Field & Francis LLP	
Date	08-09-2001	
Firm Name	Bozicevic, Field & Francis LLP	Address 200 Middlefield Road, Suite 200
City	Menlo Park	State California zip 94025
Telephone - Direct Dial	650-327-3400	Facsimile 650-327-3231

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